

Health and Nutrition Screening Form

Prenatal Women

Name: _____

Date: _____

Just by enrolling today you show that you really care about yourself and your baby and that you want this pregnancy to be a successful one. We want the same things for you. We are here to help you and your baby become healthy and strong. To do this, we need to ask some questions about the food you eat, how much you exercise, and how you feel about things in general. The answers to these questions will be kept confidential so please answer carefully and honestly.

Please check (✓) the answer or fill in the blank.

Office
Use
Only:

<p>1. Please describe your current appetite: ___ Good: I enjoy food and I like to eat.</p> <p> ___ Fair: Food is okay; but I have trouble eating sometimes.</p> <p> ___ Poor: I don't enjoy eating very much. I find it hard to eat.</p>	
<p>2. Has your appetite changed since you became pregnant? ___ Yes ___ No</p> <p>If yes, how?</p> <p>List any cravings you have:</p>	
<p>3. Do you ever feel or experience: ___ Nausea ___ Constipation ___ Diarrhea</p> <p> ___ Vomiting ___ Heartburn ___ Other</p>	23
<p>4. Has your doctor recommended any diet changes while you are pregnant? ___ Yes ___ No</p> <p>If yes, what?</p>	
<p>5. How many times a day do you eat? (Include meals and snacks) ___ 1-2 ___ 3-4 ___ 5-6 ___ 7 or more</p> <p>How many meals do you eat away from home? ___ per day ___ per week</p> <p>Are you satisfied with your eating patterns? ___ Yes ___ No</p>	
<p>6. Do you have any food allergies? ___ Yes ___ No</p> <p>If yes, to which foods?</p>	40
<p>7. How do you feel about breastfeeding? ___ Good Idea ___ Unsure</p>	
<p>8. What do you do for exercise? ___ walk ___ bike ___ dance ___ swim ___ aerobics ___ other</p> <p>How often do you exercise now? ___ every day ___ few times a week ___ few times a month ___ never</p>	
<p>9. Have you had a dental visit for a cleaning in the past 12 months? ___ Yes ___ No</p> <p>Do you now have 1 or more teeth that need to be filled or pulled? ___ Yes ___ No</p>	14
<p>10. Which of the following statements best describes the food eaten in your household during the last month?</p> <p> ___ Enough and the kind wanted to eat</p> <p> ___ Enough but not always the kind wanted to eat</p> <p> ___ Sometimes not enough</p> <p> ___ Often not enough to eat</p>	

Foods You Ate In The Past 4 Weeks:

Please write in the number of times in a day, week or month that you ate the following foods:

For example, during the past month if you ate:

- Cereal once a day, write a 1 in the Daily column after cereal.
- Salad 4 times a week, write a 4 in the Weekly column.
- Sweet potatoes twice a month, write a 2 in the Monthly column.
- If you don't eat the food listed, place a check (✓) in the Never column.

	Daily	Weekly	Monthly	Never
Cereal: Hot or cold	1			
Lettuce, green or red leaf, romaine		4		
Carrots, sweet potatoes, winter squash			2	
Pork, roast or chops, ham				✓

Bread and Cereal

	Daily	Weekly	Monthly	Never	
Whole grain (wheat or oat) bread, rolls, or bagels					
White bread, rolls, bagels or buns					
Muffins, waffles, pancakes, quick breads, biscuits					
Cereal: Hot or Cold					
Pasta (spaghetti, macaroni, noodles)					
Rice, barley, bulgur					(84)
Crackers, pretzels, popcorn					Std. 42
For Office Use Only:					
	x 7 =		÷ 4 =		

Fruit and Fruit Juice

	Daily	Weekly	Monthly	Never	
100% juice with Vitamin C added (WIC juice), orange or grapefruit juice How many ounces do you drink at a time? _____					
Oranges, grapefruit, strawberries					
Cantaloupe, watermelon					
Apples, bananas, grapes, pears, applesauce, canned fruit					(86)
Raisins, dried apricots, prunes					Std. 14
For Office Use Only:					
	x 7 =		÷ 4 =		

Vegetables

	Daily	Weekly	Monthly	Never	
Carrots, sweet potatoes, winter squash					
Broccoli, spinach, beet greens, swiss chard					
Tomatoes, tomato sauce, red or green peppers, cabbage					
Potatoes, baked, boiled, roasted or salad					
Corn, peas, green beans, beets					
Lettuce, green or red leaf, romaine					(83)
Soup: Vegetable or Tomato					Std. 21
For Office Use Only:					
x 7 =					÷ 4 =

Meat, Poultry, Fish and Beans

	Daily	Weekly	Monthly	Never	
Peanut Butter, nuts					
Baked beans, pinto or kidney beans, chili or refried, hummus					
Hamburger (prepared in any way)					
Chicken or turkey					
Hot dogs, cold cuts, sausage or bacon					
Tofu, Tempeh, Soy Powder					
Fish or Fish sandwich, Fish sticks, Canned tuna					
Steak or roast (beef, venison)					
Pork, roast or chops, ham					(82)
Eggs					Std. 14
For Office Use Only:					
x 7 =					÷ 4 =

Milk and Cheese

	Daily	Weekly	Monthly	Never	
Which type of milk? (circle) Skim 1% 2% whole soy How many ounces do you drink at a time? _____					(81)
Yogurt					AP < 25
Ice Cream, pudding or cottage cheese					Std. 35
Hard cheese: American, Cheddar					AP > 25
Meals with Cheese: Pizza, Macaroni and Cheese					Std. 28
For Office Use Only:					
x 7 =					÷ 4 =

Other

	Daily	Weekly	Monthly	Never	
Cookies, cake, brownies, pie, candy bars					(80)
Chips (potato, corn, other), french fries					
Soda, Kool-aid, Hi-C, Tang, Sunny Delight					
Coffee/ Tea					
Water					

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Please check (✓) your answer or fill in the blank.

Office use:

11. Do you take vitamin and/or mineral supplements? ____Yes ____No If yes, what kind?	56
12. Are you taking any medications now? ____Yes ____No <div style="display: flex; justify-content: space-between;"> What kind? How often? </div> Prescription: _____ _____ Non-prescription (over the counter): _____ _____ Natural/Alternative remedies: _____	
13. Are you taking other drugs such as crack, cocaine, heroin, acid, marijuana, or inhalants (glue/paint) ? ____Yes ____No	
14. Do you have any questions or concerns about drinking alcohol during your pregnancy? ____Yes ____No	

Date Assessed: _____